

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS
300 SOWER BLVD
FRANKFORT, KY 40601
502-573-0147



Class II Well Re-Work Report

☐ Salt Water Disposal

☐ Secondary Recovery

☐ Hydrocarbon Storage

D.O.G. Permit No _____ EPA Identification No KYS _____

Well Owner/Operator _____

Permanent Address _____

STREETCITYSTATEZIP

Phone _____ Email _____

Mineral Owner Name _____ Well No _____ County _____

Carter Coordinate Location

☐ FNL

☐ FEL

☐ FSL

☐ FWL

SEC _____ LETTER _____ NUMBER _____

Date Re-work Commenced _____ Date Re-work Completed _____

Well casing record – Before Re-Work

Casing		Cement		Perforations		Acid or fracture treatment records
Size	Depth	Sacks	Type	From	To	

Well casing record – After Re-Work (Indicate Additions or Changes Only)

Casing		Cement		Perforations		Acid or fracture treatment records
Size	Depth	Sacks	Type	From	To	

If Packer was removed or replaced due to loss of Mechanical Integrity, document work performed below.

Packer Depth: _____ Ft. (Attach additional information as needed)

GEOPHYSICAL LOGS RAN	LOGGED INTERVALS

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals performing well re-work activity, I believe that the information is true, accurate, and complete.

If any entity other than a sole proprietorship, signatory must be an officer of the entity or provide power of attorney to execute documents. If a sole proprietorship, signatory must be same or provide power of attorney to execute documents.

Signature of Operator _____ Title _____

Printed Name _____ Date _____

Sworn To and Subscribed Before Me This _____ Day of _____, 20_____

My Commission Expires _____

Notary Public _____